

**Would you be willing to teach a countywide “PROJECT MEETING”?
Please let us know.**

Topic: _____

Name of teacher(s): _____

Phone #: _____

Preferred dates to offer:

1st Choice: _____ 2nd Choice: _____ 3rd Choice _____

Time period of class: _____ to _____

Maximum number of participants you would like in a class: _____

Are there any age restrictions or pre-requisites for participants? If so, describe:

Supplies members should bring:

Cost per participant for supplies: \$ _____

Equipment needed in room / Any other special room arrangements?

**Please return to:
Dunn County Extension Office
Ag Center, Suite D
390 Red Cedar Street
Menomonie, WI 54751**